

PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	TYLERTON-228698
First Named Inventor	Eli Bar
COMPLETE IF KNOWN	
Application Number	10/575,312
Filing Date	April 11, 2006
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Amplification-Based Cardiac Assist Device

(Title of the Invention)

the specification of which

 is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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53278

PTO/SB/01 (08-04)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

 The address associated with Customer Number:

054042

OR

Correspondence address below

Name

William H. Dippert  
Wolf, Block, Schorr and Solis-Cohen LLP  
10th Floor  
250 Park Avenue

Address

City

New York

State

New York

ZIP

10177-0030

Country

US

Telephone

212.986.1116

Facsimile: 212.986.0604

E-Mail: wdippert@wolfsblock.com

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned Inventor

Given Name (first and middle (if any))

Family Name or Surname

Ell

Bar

Inventor's Signature

Date

X 3/11/07

Residence: City

State

Country

Citizenship

Moshav Megadim

IL

IL

Mailing Address

P.O. Box 273

City

Moshav Megadim

State

Zip

Country

IL

30875

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned Inventor

Given Name (first and middle (if any))

Family Name or Surname

Benny

Roussos

Inventor's Signature

Date

X 2/11/2007

Residence: City

State

Country

Citizenship

Rishon LeZion

IL

IL

Mailing Address

12 Henri Bergson Street

City

Rishon LeZion

State

Zip

Country

75801

IL

 Additional Inventors or a legal representative(s) are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

56178

PTO/SB/02A (09-04)

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b>
		Supplemental Sheet
		Page <u>3</u> of <u>3</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ran		Kornowski	
Inventor's Signature	<i>Ran Kornowski, MD</i>		Date <u>1/2/07</u>
Ramat Hasharon Residence: City	State	IL Country	Citizenship IL
2 Nachal Kidron Street			
Mailing Address			
Ramat Hasharon City	State	Zip 47314	Country IL
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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5827K

PTO/SB/01 (09-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/575,312
Filing Date	April 11, 2006
First Named Inventor	Eli Bar
Title	Amplification-Based Cardiac Assist Device
Art Unit	
Examiner Name	
Attorney Docket Number	TYLERTON-228698

I hereby appoint:

 Practitioners associated with the Customer Number:

054042

OR

 Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

054042

OR

 Firm or Individual Name: Wolf, Block, Shorr and Solis-Cohen LLP

Address: 250 Park Avenue

Address: 10th Floor

City: New York State: New York Zip: 10177

Country: US

Telephone: 212.883.4993 Fax: 212.672.1192

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

## SIGNATURE of Applicant or Assignee of Record

Name: Benny Rousso

Signature: 

Date: 28/11/2007

Telephone:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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S8278

PTO/SB/81 (05-09)

Approved for use through 11/30/2008, OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number	10/705,312
Filing Date	April 11, 2008
First Named Inventor	Eli Bar
Title	Amplification-Based Cardiac Assist Device
Art Unit	
Examiner Name	
Attorney Docket Number	TYLERTON-228698

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

I hereby appoint:

Practitioner(s) associated with the Customer Number:  
OR

Practitioner(s) named below:

Name	Registration Number
William H. Dippert	28,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

054042

OR

First or Individual Name	Wolf, Block, Shorr and Solis-Cohen LLP			
Address	250 Park Avenue			
Address	10th Floor			
City	New York	State	New York	Zip
Country	US 10177			
Telephone	212.689.4993	Fax	212.672.1192	

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/85)

SIGNATURE of Applicant or Assignee of Record

Name	Eli Bar
Signature	X
Date	X 3/10/08
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/01 (09-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/675,312
Filing Date	April 11, 2006
First Named Inventor	Eli Bar
Title	Amplification-Based Cardiac Assist Device
Art Unit	
Examiner Name	
Attorney Docket Number	TYLERTON-228698

I hereby appoint:

 Practitioners associated with the Customer Number:

054042

OR

 Practitioner(s) named below:

Name	Registration Number
William H. Dipperl	26,723

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054042

OR

 Firm or Individual Name: Wolf, Block, Shorr and Solis-Cohen LLP Address: 250 Park Avenue Address: 10th Floor City: New York State: New York Zip: 10177 Country: US Telephone: 212.883.4993 Fax: 212.672.1192

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

e-Mail: wdipperl@wolfblock.com

## SIGNATURE of Applicant or Assignee of Record

Name	Ran Kornowski	
Signature	X	
Date	X 1/27/07	Telephone 912-54-4441071

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of \_\_\_\_\_ forms are submitted.

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